

TAB

SECRET

PROJECT SUPPORT STAFFING RECORD

Project _____
Case Officer _____

Division or Staff _____
Branch _____

| Support Element | Support Staffing Required | | Support Staffing Accomplished | | Support Annex | |
|---------------------------|---------------------------|-----|-------------------------------|------|---------------|----------|
| | No | Yes | | Date | Not Required | Attached |
| Comptroller | | | | | | |
| Budget Division | | | | | | |
| Finance Division | | | | | | |
| Office of Training | | | | | | |
| Office of Logistics | | | | | | |
| Office of Communications | | | | | | |
| Office of Security | | | | | | |
| Medical Staff | | | | | | |
| Office of Personnel | | | | | | |
| Office of General Counsel | | | | | | |
| TSS | | | | | | |
| (Other - Specify) | | | | | | |

Support staffing is complete

Date _____ Chief of Admin - Staff or Division

Date _____ Chief of Branch

SECRET